

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-8966		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 5/30/15 DAY SAT		TIME: MILITARY 1138				
CRASH OCCURRED ON 100 Monroe Road, Lebanon, Ohio, 45036						WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE						
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT State Farm						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Noble, Parker				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 31 North Broadway Lebanon, Ohio, 45036								
PHONE NO. 513-309-1492		BIRTH DATE 11/13/53		AGE 61	SEX F	SOCIAL SECURITY NO. NIA		STATE OH	DRIVER'S LICENSE NO. RM401423	OCCUPATION N/A		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same				
VEH YR 2012	MAKE Chevy	MODEL 25	COLOR silver	STYLE 25	STATE OH	LICENSE PLATE NO. DKNRN	TOWING SERVICE NIA	VEH/PED DIR FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE? <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Motor Mutual						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Tussey, Billie				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3084 N State Route 48 Lebanon, Ohio, 45036								
PHONE NO. 513-482-4875		BIRTH DATE 3/28/76		AGE 39	SEX F	SOCIAL SECURITY NO. NIA		STATE OH	DRIVER'S LICENSE NO. EV 202622	OCCUPATION N/A		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same				
VEH YR 2015	MAKE Chry	MODEL 45	COLOR Black	STYLE 45	STATE OH	LICENSE PLATE NO. GIN5572	TOWING SERVICE NIA	VEH/PED DIR FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE? <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m d y		AGE	POSITION A B C D E F		INJURIES A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m d y		AGE	SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m d y		AGE	SEX		CONDITION A B C D E F			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m d y		AGE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS A 8 B C D E F		ALCOHOL A YES NO B YES NO		
D E F		INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		EJECTION A B C D E F		DRUGS A TESTED 0 TESTED		
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
RECEIVED CALL 1138		DISPATCHED 1140		ARRIVED 1144		CLEARED 1152		OTHER TIME 0000		TOTAL MINUTES 0008		
DATE REPORT FILED 5/30/15		PHOTOS 1 YES 1 NO		OFFICER'S NAME E. Holmes		BADGE NO. 122		CHECKED BY				